

## Fill in this information to identify your case:

Debtor 1	<b>Lewis G. Hall</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Sheila G. Hall</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-31755		

☐ Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 345,400.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 71,321.37
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 416,721.37

## Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 345,229.93
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 5,286.01
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 147,927.74
Your total liabilities		\$ 498,443.68

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 7,955.53
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 5,267.00

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

## 7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,981.20**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>5,286.01</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>5,286.01</b>

**Fill in this information to identify your case and this filing:**

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	First Name	Middle Name	Last Name
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	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number	<u>19-31755</u>		

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**14406 Woodleigh Drive**

Street address, if available, or other description

**Chester VA 23831-0000**

City State ZIP Code

**Chesterfield**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Tax Assessment - \$345,400**  
**Zillow Range - \$351,000 - \$388,000**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$345,400.00</b>	<b>\$345,400.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Sole**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$345,400.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make: **Honda**  
Model: **Odyssey**  
Year: **2004**  
Approximate mileage: **231,000**  
Other information:  
**Value KBB**  
**NO LIENS**

**Who has an interest in the property?** Check one

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$2,181.00</b>	<b>\$2,181.00</b>

3.2 Make: **Ford**  
Model: **Crown Victoria**  
Year: **2011**  
Approximate mileage: **200,000+**  
Other information:  
**Value NADA**  
**PAY DIRECT**

**Who has an interest in the property?** Check one

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$4,840.00</b>	<b>\$4,840.00</b>

3.3 Make: **Nissan**  
Model: **Quest**  
Year: **2004**  
Approximate mileage: **200,000+**  
Other information:  
**Value NADA**  
**PAY DIRECT**

**Who has an interest in the property?** Check one

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$4,400.00</b>	<b>\$4,400.00</b>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$11,421.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No  
☒ Yes. Describe.....

**Household Goods**

**\$1,000.00**

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**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**2 TVs, 2 wifi boxes, 2 cell phones**

**\$1,000.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Clothes**

**\$300.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Wedding and Engagement Rings**

**\$800.00**

**Misc. Jewelry**

**\$100.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$3,200.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

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**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**Cash -**  
**Approx. \$60.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**VA N Motion, LLC Bank Accounts:**  
**Wells Fargo Business Checking Account**  
**ending 5020 - \$110**  
**Wells Fargo Business Checking Account**  
**ending 3167 - \$58 // Gas account**  
**Wells Fargo Business Savings - \$0**

17.1. **Bank Accounts** **\$158.00**

**Wells Fargo Checking Account ending 6502 -**  
**<\$39> negative**  
**Wells Fargo Savings Account - \$20**  
**Wells Fargo Checking - \$280 // Account is**  
**joint with son; the money in the account**  
**belongs to her son.**

17.2. **Bank Accounts** **\$20.00**

**It's A Pleasure Waiting on You LLC Bank**  
**Accounts:**  
**Suntrust Business Checking Account ending**  
**8957 - \$2,000**  
**Suntrust Business Checking Account ending**  
**8973 - \$1,900**

17.3. **Bank Accounts** **\$3,900.00**

**VA Credit Union Checking Account - \$120**  
**VA Credit Union Savings Account - \$0**

17.4. **Bank Accounts** **\$120.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**VA N Motion, LLC a/k/a Pink Tranporation;**  
**12/2013**  
**The Debtor's business, a taxi service and has an**  
**inconsequential value, as a service business. Its**  
**only value is in the Debtor's services.**

**100%** %

**Unknown**

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**It's A Pleasure Waiting on You LLC; started 2018  
The Debtor's business, a food service business  
and has an inconsequential value, as a service  
business. Its only value is in the Debtor's  
services.**

**100%** %

**Unknown**

**Business Opportunities for the Blind, LLC This  
business is akin toLyft or Uber in that the debtor  
provides services as a Business Opportunities  
for the Blind, LLC rcontractor, but he doesn't  
own the business.**

**100%** %

**Unknown**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**IRA**

**Acensus Trust IRA**

**\$200.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

☐ No

☒ Yes.....

Issuer name and description.

**Lincoln Financial Group Annuity (Issued in VA)**

**\$51,142.37**

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

**portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No  
☐ Yes. Name the insurance company of each policy and list its value.  
Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No  
☒ Yes. Describe each claim.....

**(H) Potential lawsuit against Southside Regional Medical arising out of injuries that first occurred in January 2019.**

**Unknown**

**NO other Potential claims or lawsuits**

**\$0.00**

**Shelia Hall v. Cynthia Caldwell Judgment in 2018**

**\$600.00**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$56,200.37**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.



Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.  
☒ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No  
☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No  
☒ Yes. Describe.....

Assets owned by VA N Motion, LLC  
Laptop  
Wifi Box  
Fax Machine  
Printer

**\$500.00**

41. Inventory

- ☒ No  
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

- ☒ No  
☐ Yes. Give specific information about them.....  
Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No.  
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No  
☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

**\$500.00**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

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**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. **Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. <b>Part 1: Total real estate, line 2 .....</b>		<b>\$345,400.00</b>
56. <b>Part 2: Total vehicles, line 5</b>	<b>\$11,421.00</b>	
57. <b>Part 3: Total personal and household items, line 15</b>	<b>\$3,200.00</b>	
58. <b>Part 4: Total financial assets, line 36</b>	<b>\$56,200.37</b>	
59. <b>Part 5: Total business-related property, line 45</b>	<b>\$500.00</b>	
60. <b>Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
61. <b>Part 7: Total other property not listed, line 54</b>	<b>+</b> <b>\$0.00</b>	
62. <b>Total personal property. Add lines 56 through 61...</b>	<b>\$71,321.37</b>	Copy personal property total <b>\$71,321.37</b>
63. <b>Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$416,721.37</b>

## Fill in this information to identify your case:

Debtor 1	<b>Lewis G. Hall</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-31755		

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1:** Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Debtor 1 Exemptions</b>			
<b>Household Goods</b> Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
<b>2 TVs, 2 wifi boxes, 2 cell phones</b> Line from <i>Schedule A/B</i> : 7.1	\$1,000.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
<b>Clothes</b> Line from <i>Schedule A/B</i> : 11.1	\$300.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
<b>IRA: Acensus Trust IRA</b> Line from <i>Schedule A/B</i> : 21.1	\$200.00	<input checked="" type="checkbox"/> \$38.09 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34 100% of Fair Market Value not to exceed exemption limits
<b>Lincoln Financial Group Annuity (Issued in VA)</b> Line from <i>Schedule A/B</i> : 23.1	\$51,142.37	<input checked="" type="checkbox"/> \$51,142.37 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 38.2-3122

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	

3. **Are you claiming a homestead exemption of more than \$170,350**  
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

<b>Debtor 1</b>			
First Name	Middle Name	Last Name	
<b>Debtor 2</b>			
<b>(Spouse if, filing)</b>			
<b>Sheila G. Hall</b>			
First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	<u>19-31755</u>		

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Debtor 2 Exemptions</b>			
<b>Household Goods</b> Line from <i>Schedule A/B</i> : 6.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
<b>2 TVs, 2 wifi boxes, 2 cell phones</b> Line from <i>Schedule A/B</i> : 7.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
<b>Clothes</b> Line from <i>Schedule A/B</i> : 11.1	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
<b>Wedding and Engagement Rings</b> Line from <i>Schedule A/B</i> : 12.1	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Lewis G. Hall</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Sheila G. Hall</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF VIRGINIA</b>		
Case number (if known)	<b>19-31755</b>		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 Aaron's Inc.</b> <small>Creditor's Name</small>  <b>2800 Canton Road; Suite #900</b> <b>Marietta, GA 30066</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$2,000.00</b>	<b>Unknown</b>	<b>Unknown</b>
<b>Describe the property that secures the claim:</b> <div style="border: 1px solid black; padding: 5px; min-height: 30px;"> <b>Washing machine and dryer and TV</b> </div>			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Date debt was incurred</b> <b>December 2018</b>	<b>Last 4 digits of account number</b> _____		

Debtor 1 **Lewis G. Hall** Case number (if known) **19-31755**  
First Name Middle Name Last Name

Debtor 2 **Sheila G. Hall**  
First Name Middle Name Last Name

<b>2.2</b> <b>Charlie Falk's Auto</b> Creditor's Name  <b>3237 Virginia Beach Boulevard</b> <b>Virginia Beach, VA 23452</b> Number, Street, City, State & Zip Code  <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred <b>2017</b>  <b>Opened 12/16 Last Active 03/19</b>	<b>Describe the property that secures the claim:</b> <b>2011 Ford Crown Victoria 200,000+ miles</b> <b>Value NADA</b> <b>PAY DIRECT</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____  Last 4 digits of account number _____	<b>\$2,800.00</b> <b>\$4,840.00</b> <b>\$0.00</b>
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<b>2.3</b> <b>Credit Acceptance</b> Creditor's Name  <b>Po Box 513</b> <b>Southfield, MI 48037</b> Number, Street, City, State & Zip Code  <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____  <b>Opened 12/16 Last Active 03/19</b>	<b>Describe the property that secures the claim:</b> <b>2004 Nissan Quest 200,000+ miles</b> <b>Value NADA</b> <b>PAY DIRECT</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____  Last 4 digits of account number <b>1122</b>	<b>\$2,564.73</b> <b>\$4,400.00</b> <b>\$0.00</b>
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Debtor 1 **Lewis G. Hall** Case number (if known) **19-31755**  
First Name Middle Name Last Name

Debtor 2 **Sheila G. Hall**  
First Name Middle Name Last Name

2.4 **Eck Enterprises, Inc.** Describe the property that secures the claim: **\$34,797.43** **\$345,400.00** **\$0.00**  
Creditor's Name

**1401 W. Main Street  
Richmond, VA 23220**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**14406 Woodleigh Drive Chester, VA  
23831 Chesterfield County  
Tax Assessment - \$345,400  
Zillow Range - \$351,000 - \$388,000**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Date debt was incurred **08/30/2011** Last 4 digits of account number **2235**

2.5 **Jormandy LLC; Assignee of** Describe the property that secures the claim: **\$3,393.00** **\$345,400.00** **\$0.00**  
Creditor's Name

**Washington Mutual Inc.  
6363 Center Dr. Bldg. Ste  
203  
Norfolk, VA 23502**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**14406 Woodleigh Drive Chester, VA  
23831 Chesterfield County  
Tax Assessment - \$345,400  
Zillow Range - \$351,000 - \$388,000**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Date debt was incurred **10/15/2009** Last 4 digits of account number **2349**

Debtor 1 **Lewis G. Hall** Case number (if known) **19-31755**  
 First Name Middle Name Last Name  
 Debtor 2 **Sheila G. Hall**  
 First Name Middle Name Last Name

**2.6 Ocwen Loan Servicing** Describe the property that secures the claim: **\$299,674.77** **\$345,400.00** **\$0.00**

Creditor's Name

**Po Box 24646  
West Palm Beach, FL  
33416**

Number, Street, City, State & Zip Code

**14406 Woodleigh Drive Chester, VA  
23831**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Deed of Trust**

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened  
08/06 Last  
Active**

Date debt was incurred **9/29/18**

Last 4 digits of account number **2669**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$345,229.93**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$345,229.93**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code  
**Brock & Scott PLLC**  
**484 Viking Drive**  
**Ste 203**  
**Virginia Beach, VA 23452**  
 On which line in Part 1 did you enter the creditor? **2.6**  
 Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Caudle & Caudle. PC**  
**3123 W Broad Street**  
**Richmond, VA 23230**  
 On which line in Part 1 did you enter the creditor? **2.4**  
 Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Charlie Falk's Auto Inc.**  
**Cleveland D. Turner, Reg Agent**  
**1366 SO Military Hwy**  
**Chesapeake, VA 23320**  
 On which line in Part 1 did you enter the creditor? **2.2**  
 Last 4 digits of account number \_\_\_\_

☐ Name, Number, Street, City, State & Zip Code  
**Credit Acceptance**  
**25505 West 12 Mile Rd**  
**Suite 3000**  
**Southfield, MI 48034**  
 On which line in Part 1 did you enter the creditor? **2.3**  
 Last 4 digits of account number \_\_\_\_

Debtor 1 **Lewis G. Hall**

First Name Middle Name Last Name

Case number (if known) **19-31755**

Debtor 2 **Sheila G. Hall**

First Name Middle Name Last Name

☐

Name, Number, Street, City, State & Zip Code

**E.C. Eck**  
**Registered Agent**  
**2306 A West Main Street**  
**Richmond, VA 23220**

On which line in Part 1 did you enter the creditor? **2.4**

Last 4 digits of account number \_\_\_\_

☐

Name, Number, Street, City, State & Zip Code

**Nicole S. Lang White**  
**6363 Center Drive**  
**Bldg 6 Suite 203**  
**Norfolk, VA 23502**

On which line in Part 1 did you enter the creditor? **2.5**

Last 4 digits of account number \_\_\_\_

☐

Name, Number, Street, City, State & Zip Code

**Ocwen Loan Servicing**  
**Attn: Research/Bankruptcy**  
**1661 Worthington Rd Ste 100**  
**West Palm Beach, FL 33409**

On which line in Part 1 did you enter the creditor? **2.6**

Last 4 digits of account number \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Lewis G. Hall</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Sheila G. Hall</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF VIRGINIA</b>		
Case number (if known)	<b>19-31755</b>		

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Chesterfield County - PP Taxes</b> Priority Creditor's Name <b>Carey A. Adams, Treasurer</b> <b>PO Box 70</b> <b>Chesterfield, VA 23832</b> Number Street City State Zip Code	<b>\$800.00</b>	<b>\$800.00</b>	<b>\$0.00</b>
	Last 4 digits of account number			
	When was the debt incurred?	<b>Prior years</b>		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input checked="" type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Other. Specify _____				
<b>Personal Property Taxes on vehicles they no longer have.</b>				

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

<b>2.2</b>	<b>Commonwealth of VA-Tax</b> Priority Creditor's Name <b>P.O. Box 2156</b> <b>Richmond, VA 23218-2156</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$1,486.01</b> When was the debt incurred? <b>2019</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Tax year 2017</b>	<b>\$1,486.01</b>	<b>\$1,486.01</b>	<b>\$0.00</b>
<b>2.3</b>	<b>County of Chesterfield R.E.</b> Priority Creditor's Name <b>Post Office Box 70</b> <b>Chesterfield, VA 23832</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$2,000.00</b> When was the debt incurred? <b>2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Real estate tax</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>
<b>2.4</b>	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Unit</b> <b>P O Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$1,000.00</b> When was the debt incurred? <b>2019</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Tax year 2016 &amp; 2017 &amp; 2018</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>	<b>\$0.00</b>

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

		Total claim	
4.1	<b>American Homepatient</b> Nonpriority Creditor's Name <b>P.O. Box 5316773</b> <b>Atlanta, GA 30353</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4884</b> When was the debt incurred? <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$39.00</b>
4.2	<b>Avante</b> Nonpriority Creditor's Name <b>3600 South Gessner</b> <b>Houston, TX 77063</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6237</b> When was the debt incurred? <b>Opened 1/03/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$151.00</b>
4.3	<b>Avante</b> Nonpriority Creditor's Name <b>3600 South Gessner</b> <b>Houston, TX 77063</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8956</b> When was the debt incurred? <b>Opened 1/03/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$757.00</b>

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.4	<b>Banfield Pet Hospital</b> Nonpriority Creditor's Name <b>Attn: Billing &amp; Collections</b> <b>PO Box 13998</b> <b>Portland, OR 97213</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6728</u> <span style="float: right;"><b>\$351.00</b></span>  <b>When was the debt incurred?</b> <u>Opened 10/17</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Account Balance</u>
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4.5	<b>Bon Secours</b> Nonpriority Creditor's Name <b>P. O. Box 28538</b> <b>Henrico, VA 23228</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0329</u> <span style="float: right;"><b>\$26.00</b></span>  <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>
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4.6	<b>Buford Road Imaging LLC</b> Nonpriority Creditor's Name <b>2612 Buford Rd</b> <b>Richmond, VA 23235</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6604</u> <span style="float: right;"><b>\$28.00</b></span>  <b>When was the debt incurred?</b> <u>8/6/2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.7	<b>Capital One</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9445</b> <b>\$270.00</b> When was the debt incurred? <b>Opened 7/28/18 Last Active 10/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>
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4.8	<b>Cardiology Assoc of Richmond</b> Nonpriority Creditor's Name <b>PO Box 740776</b> <b>Cincinnati, OH 45274</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7329</b> <b>\$80.00</b> When was the debt incurred? <b>8/16/18 &amp; 10/1/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>
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4.9	<b>Cigna</b> Nonpriority Creditor's Name <b>P.O. Box 30028</b> <b>Tampa, FL 33630</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2349</b> <b>\$1,122.00</b> When was the debt incurred? <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.1 0	<b>CJW Medical Center</b> Nonpriority Creditor's Name <b>P.O. Box 740760</b> <b>Cincinnati, OH 45274</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2349</b> When was the debt incurred? <b>2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$1,340.00</b>
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4.1 1	<b>CJW Medical Center</b> Nonpriority Creditor's Name <b>P.O. Box 13620</b> <b>Richmond, VA 23225</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2355</b> When was the debt incurred? <b>7/25/18</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$67.00</b>
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4.1 2	<b>CJW Medical Center</b> Nonpriority Creditor's Name <b>PO Box 13620</b> <b>Richmond, VA 23225</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8141</b> When was the debt incurred? <b>7/24/2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$158.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.1  
3

**Clinical Colleagues Inc**

Nonpriority Creditor's Name

**PO Box 824246**

**Philadelphia, PA 19182**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0897**

**\$3,500.00**

When was the debt incurred? **2/8/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.1  
4

**Colonial Heights Physicians**

Nonpriority Creditor's Name

**PO Box 14099**

**Belfast, ME 04915**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4272**

**\$1,180.00**

When was the debt incurred? **1/30/2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.1  
5

**Colonial Kidneycare**

Nonpriority Creditor's Name

**3601 Boulevard C**

**Colonial Heights, VA 23834**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$2,900.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.1  
6

**Comcast**

Nonpriority Creditor's Name

**PO Box 837**

**Newtown, CT 06470-0837**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$2,726.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Service**

4.1  
7

**Commonwealth Laboratory**

Nonpriority Creditor's Name

**PO Box 5468**

**Martinsville, VA 24115**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$240.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.1  
8

**Credit One Bank**

Nonpriority Creditor's Name

**Po Box 98875**

**Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**6177**

**\$668.00**

When was the debt incurred?

**Opened 01/18 Last Active 11/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.1 9	<b>Drs Stenger, Cole &amp; Gupta</b> Nonpriority Creditor's Name <b>7017 Old Jahnke Rd</b> <b>Richmond, VA 23225</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3088</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$156.00</b>
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4.2 0	<b>Easy Pay/Duvera Collections</b> Nonpriority Creditor's Name <b>2701 Loker Av West</b> <b>Carlsbad, CA 92008</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2869</b> When was the debt incurred? <b>Opened 12/22/17 Last Active 2/25/19</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Installment Sales Contract</b>	<b>\$1,224.00</b>
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4.2 1	<b>Easy Pay/Duvera Collections</b> Nonpriority Creditor's Name <b>2701 Loker Av West</b> <b>Carlsbad, CA 92008</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>A293</b> When was the debt incurred? <b>Opened 9/19/16 Last Active 7/19/18</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Installment Sales Contract</b>	<b>\$31.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.2  
2

**Elizabeth River Tunnels**

Nonpriority Creditor's Name

**700 Port Centre Pkwy  
Ste 2B  
Portsmouth, VA 23704**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7012**

**\$87.00**

**When was the debt incurred?** **2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Tolls**

4.2  
3

**First Premier Bank**

Nonpriority Creditor's Name

**601 S Minnesota Ave  
Sioux Falls, SD 57104**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9742**

**\$719.00**

**When was the debt incurred?** **Opened 04/15 Last Active 2/27/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.2  
4

**First Virginia**

Nonpriority Creditor's Name

**7001 Post Rd Ste 300  
Dublin, OH 43016**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **5910**

**\$900.00**

**When was the debt incurred?** **2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Loan**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.2 5	<b>Henrico Federal Cred</b> Nonpriority Creditor's Name  <b>9401 West Broad Street</b> <b>Henrico, VA 23294</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7102</b>  <b>When was the debt incurred?</b> <b>Opened 9/13/13 Last Active 4/21/14</b>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Secured</b>	<b>\$0.00</b>
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4.2 6	<b>Henrico Federal Cred</b> Nonpriority Creditor's Name  <b>9401 West Broad Street</b> <b>Henrico, VA 23294</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7101</b>  <b>When was the debt incurred?</b> <b>Opened 7/29/13 Last Active 4/21/14</b>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Secured</b>	<b>\$0.00</b>
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4.2 7	<b>Henrico Federal Cred</b> Nonpriority Creditor's Name  <b>9401 West Broad Street</b> <b>Henrico, VA 23294</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7100</b>  <b>When was the debt incurred?</b> <b>Opened 6/05/13 Last Active 4/21/14</b>  <b>As of the date you file, the claim is:</b> Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Secured</b>	<b>\$0.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.2 8	<b>Humana Choice Care Network</b> Nonpriority Creditor's Name <b>P.O. Box 99767</b> <b>Chicago, IL 60696</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2349</b> When was the debt incurred? <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>Unknown</b>
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4.2 9	<b>James River Emergency Group</b> Nonpriority Creditor's Name <b>PO Box 660827</b> <b>Dallas, TX 75266</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2G64</b> When was the debt incurred? <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$790.00</b>
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4.3 0	<b>John Randolph Medical Center</b> Nonpriority Creditor's Name <b>P. O. Box 538658</b> <b>Atlanta, GA 30353</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2487</b> When was the debt incurred? <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$510.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.3 1	<b>Lab Corp</b> <hr/> Nonpriority Creditor's Name <b>P.O. Box 2240</b> <b>Burlington, NC 27216</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>0445</b></u> <b>\$897.00</b> <hr/> <b>When was the debt incurred?</b> <u><b>7/27/2018</b></u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u>
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4.3 2	<b>Lincare</b> <hr/> Nonpriority Creditor's Name <b>P.O.Box 9004</b> <b>Clearwater, FL 33758-9004</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>2349</b></u> <b>\$1,795.00</b> <hr/> <b>When was the debt incurred?</b> <u><b>2018</b></u> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical Bill</b></u>
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4.3 3	<b>PHG Chippenham</b> <hr/> Nonpriority Creditor's Name <b>PO Box 668</b> <b>Brentwood, TN 37024</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>7329</b></u> <b>\$250.00</b> <hr/> <b>When was the debt incurred?</b> _____ <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.3 4	<b>Premier Healthcare Associates</b> Nonpriority Creditor's Name <b>7702 E. Parham Rd.</b> <b>Ste 101</b> <b>Richmond, VA 23294</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7982</b> <b>\$100.00</b> When was the debt incurred? <b>2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>
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4.3 5	<b>Pulmonary &amp; Critical Care Asso</b> Nonpriority Creditor's Name <b>PO Box 11768</b> <b>Richmond, VA 23230</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>\$2,625.00</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>
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4.3 6	<b>Pulmonary Assoc of Richmond</b> Nonpriority Creditor's Name <b>PO Box 1870</b> <b>Cary, NC 27512</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1720</b> <b>\$408.00</b> When was the debt incurred? <b>7/8/2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.3 7	<b>Pulmonary Associates of RIC</b> Nonpriority Creditor's Name <b>P.O. Box 102594</b> <b>Atlanta, GA 30368</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1720</b> When was the debt incurred? <b>2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$150.00</b>
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4.3 8	<b>Radiology Ass. of Richmond, In</b> Nonpriority Creditor's Name <b>P.O. Box 13343</b> <b>Richmond, VA 23225</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2349</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$30.00</b>
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4.3 9	<b>Radiology Assc of Richmond</b> Nonpriority Creditor's Name <b>2602 Buford Road</b> <b>Richmond, VA 23235</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4470</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$9.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.4  
0

**Radiology Assoc of Richmond**

Nonpriority Creditor's Name

**2602 Buford Road  
Richmond, VA 23235**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8094**

**\$485.00**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.4  
1

**Richmond Headache Center**

Nonpriority Creditor's Name

**2500 Gaskins Road  
Suite B  
Henrico, VA 23238**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2349**

**\$11,180.34**

When was the debt incurred? **1989**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Judgment**

4.4  
2

**River View on the Appomattox**

Nonpriority Creditor's Name

**201 Eppes St  
Hopewell, VA 23860**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2349**

**\$15,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical services**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.4  
3

**Social Security Administration**

Nonpriority Creditor's Name

**1200 Rev. Abraham Woods Jr.  
Boulevard  
Birmingham, AL 35285**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2349**

**\$46,279.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **SSI Overpayment**

4.4  
4

**Southside Physician Network**

Nonpriority Creditor's Name

**PO Box 14000  
Belfast, ME 04915**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **2349**

**\$4,870.00**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical Bill**

4.4  
5

**Southside Regional Med Center**

Nonpriority Creditor's Name

**Attention: Bankruptcy Dept.  
PO Box 501128  
Saint Louis, MO 63150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5435**

**\$1,924.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.4  
6

**Southside Regional Med Center**

Nonpriority Creditor's Name

**Attention: Bankruptcy Dept.**  
**PO Box 501128**  
**Saint Louis, MO 63150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3582**

**\$1,364.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.4  
7

**Southside Regional Med Center**

Nonpriority Creditor's Name

**Attention: Bankruptcy Dept.**  
**PO Box 501128**  
**Saint Louis, MO 63150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1886**

**\$2,005.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.4  
8

**St Francis ER**

Nonpriority Creditor's Name

**PO Box 404893**  
**Atlanta, GA 30384**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0329**

**\$26.00**

When was the debt incurred? **1/28/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.4  
9

**St Francis Medical Center**

Nonpriority Creditor's Name

**P.O. Box 404893**

**Atlanta, GA 30384**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$106.00**

When was the debt incurred? **8/2/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.5  
0

**Thalhimer Brothers**

Nonpriority Creditor's Name

**700 E. Godfrey Ave.**

**Philadelphia, PA 19124**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$15,003.40**

When was the debt incurred? **1990**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment**

4.5  
1

**Union Bank & Trust**

Nonpriority Creditor's Name

**PO Box 940**

**Ruther Glen, VA 22546**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,084.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment 2016**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.5 2	<b>VCI</b> Nonpriority Creditor's Name <b>7202 Glen Forest Drive</b> <b>Suite 200</b> <b>Richmond, VA 23226</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2349</b> When was the debt incurred? <b>2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$33.00</b>
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4.5 3	<b>Verizon Wireless</b> Nonpriority Creditor's Name <b>National Recovery Operations</b> <b>Minneapolis, MN 55426</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0001</b> When was the debt incurred? <b>Opened 5/22/12 Last Active 04/13</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$0.00</b>
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4.5 4	<b>Virginia Group Services, LLC</b> Nonpriority Creditor's Name <b>P.O. Box 14099</b> <b>Belfast, ME 04915</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4272</b> When was the debt incurred? <b>2018</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$16,244.00</b>
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

4.5  
5

**VSU Multi-Purpose Center**

Last 4 digits of account number

**\$4,617.00**

Nonpriority Creditor's Name

**20809 2nd Ave  
Petersburg, VA 23803**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Account Balance**

4.5  
6

**Westcreek Fi**

Last 4 digits of account number

**60X4**

**\$625.00**

Nonpriority Creditor's Name

**4951 Lake Brook Dr  
Glen Allen, VA 23060**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

**Opened 1/09/19 Last Active  
2/22/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Lease**

4.5  
7

**Westcreek Fi**

Last 4 digits of account number

**60X1**

**\$798.00**

Nonpriority Creditor's Name

**4951 Lake Brook Dr  
Glen Allen, VA 23060**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

**Opened 5/31/18 Last Active  
2/27/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Lease**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you



Debtor 1 **Lewis G. Hall**  
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have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Bon Secours**  
**P.O. Box 28538**  
**Richmond, VA 23228**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**Attn: Bankruptcy**  
**Po Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cascade Capital LLC**  
**1670 Corporate Circle**  
**Ste 202**  
**Petaluma, CA 94954**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Adjustment Board**  
**8002 Discovery Drive**  
**#311**  
**Henrico, VA 23229**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank**  
**Attn: Bankruptcy Department**  
**Po Box 98873**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Easy Pay/Duvera Collections**  
**Attention: Bankruptcy**  
**Po Box 2549**  
**Carlsbad, CA 92018**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Easy Pay/Duvera Collections**  
**Attention: Bankruptcy**  
**Po Box 2549**  
**Carlsbad, CA 92018**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Premier Bank**  
**Attn: Bankruptcy**  
**Po Box 5524**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Virginia**  
**6785 Bobcat Way**  
**Ste 200**  
**Dublin, OH 43016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Virginia Financial Servi**  
**3219 Crater Rd.**  
**Suite C**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

**Petersburg, VA 23805**

Last 4 digits of account number

Name and Address

**I C System Inc**  
**Attn: Bankruptcy**  
**Po Box 64378**  
**St Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**IC System**  
**PO Box 64437**  
**Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**IC System**  
**Po Box 64378**  
**Saint Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Lincare Inc.**  
**P.O. Box 105760**  
**Atlanta, GA 30348**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Linebarger Goggan Blair & Samp**  
**309 County Street**  
**Suite 201**  
**Portsmouth, VA 23704**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Mccarthy Burgess & Wol**  
**26000 Cannon Rd**  
**Cleveland, OH 44146**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Medicredit**  
**PO Box 1629**  
**Maryland Heights, MO 63043**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Medicredit**  
**PO Box 1629**  
**Maryland Heights, MO 63043**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Midwest Recovery Systems**  
**514 Earth City Plaza**  
**Earth City, MO 63045**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NPAS**  
**PO Box 99400**  
**Louisville, KY 40269**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**NPAS Inc.**  
**PO Box 99400**  
**Louisville, KY 40269**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

Last 4 digits of account number

Name and Address

**NPAS Inc.**  
**PO Box 99400**  
**Louisville, KY 40269**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Professional Account Services**  
**PO Box 188**  
**Brentwood, TN 37024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Tricities Emergency Center**  
**1700 Temple Pkwy**  
**Prince George, VA 23875**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Verizon Wireless**  
**Attn: Verizon Wireless Bankruptcy Admini**  
**500 Technology Dr, Ste 550**  
**Weldon Spring, MO 63304**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.53** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wakefield & Associates**  
**PO Box 50250**  
**Knoxville, TN 37950**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Westcreek Fi**  
**Attn: Bankruptcy**  
**Po Box 5518**  
**Glen Allen, VA 23058**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.56** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim
		\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	Total Claim
		\$	<b>5,286.01</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	Total Claim
Total claims from Part 2		\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	Total Claim
		\$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	Total Claim
		\$	<b>5,286.01</b>
Total claims from Part 2	6f. Student loans	6f.	Total Claim
		\$	<b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	Total Claim
		\$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	Total Claim
Total claims from Part 2		\$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	Total Claim
		\$	<b>147,927.74</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	Total Claim
		\$	<b>147,927.74</b>

Fill in this information to identify your case:

Debtor 1 **Lewis G. Hall**  
First Name Middle Name Last Name

Debtor 2 **Sheila G. Hall**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **19-31755**  
(if known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 <b>Aaron's</b>	<b>Leased Washer and Dryer and TV</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Lewis G. Hall</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Sheila G. Hall</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	19-31755		

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Lewis G. Hall

Debtor 2 Sheila G. Hall  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-31755  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Self-employed

It's A Pleasure Waiting on You, LLC

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Self-employed

VA N Motion, LLC

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,616.94</u>	\$ <u>1,747.63</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>2,616.94</u>	\$ <u>1,747.63</u>

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>2,616.94</b>	\$ <b>1,747.63</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ <b>0.00</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>2,616.94</b>	\$ <b>1,747.63</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>2,614.94</b>	\$ <b>-1,423.98</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <b>SSI Disability</b>	8f. \$ <b>1,600.00</b>	\$ <b>800.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>4,214.94</b>	\$ <b>-623.98</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>6,831.88</b>	+ \$ <b>1,123.65</b> = \$ <b>7,955.53</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	<b>7,955.53</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <b>See Schedule J</b>		

**Combined monthly income**

Fill in this information to identify your case:

Debtor 1 Lewis G. Hall

Debtor 2 Sheila G. Hall  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 19-31755  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,500.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00



Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>0.00</u>
6d. Other. Specify: <u>Trash Pickup</u>	6d. \$	<u>67.00</u>
<b>7. Food and housekeeping supplies</b>	7. \$	<u>742.00</u>
<b>8. Childcare and children's education costs</b>	8. \$	<u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<u>142.00</u>
<b>10. Personal care products and services</b>	10. \$	<u>100.00</u>
<b>11. Medical and dental expenses</b>	11. \$	<u>250.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>200.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>100.00</u>
<b>14. Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<u>0.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>295.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>151.00</u>
17c. Other. Specify: <u>Misc. Expenses</u>	17c. \$	<u>100.00</u>
17d. Other. Specify: <u>Tolls</u>	17d. \$	<u>20.00</u>
<u>Aaron's</u>	\$	<u>175.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	19.	
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
<b>21. Other:</b> Specify: _____	21. +\$	<u>0.00</u>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<u>5,267.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<u>5,267.00</u>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<u>7,955.53</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<u>5,267.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<u>2,688.53</u>

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **The Debtors do not anticipate any changes to income or expenses.**

**Household size of four. Debtor's two adult sons live with them. Their oldest son is injured and unable to work at this time.**

**Pursuant to In re: Mort Ranta, Social Security income of \$1,600 and \$800 (\$2,400) is excluded from Debtors' available income.**

**SFA# 4: Business LOSS 2017 and 2018**

**Fill in this information to identify your case:**

Debtor 1 **Lewis G. Hall**  
First Name Middle Name Last Name

Debtor 2 **Sheila G. Hall**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **19-31755**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Lewis G. Hall**  
**Lewis G. Hall**  
Signature of Debtor 1

Date **March 28, 2019**

X **/s/ Sheila G. Hall**  
**Sheila G. Hall**  
Signature of Debtor 2

Date **March 28, 2019**

**Fill in this information to identify your case:**

Debtor 1 **Lewis G. Hall**  
First Name Middle Name Last Name

Debtor 2 **Sheila G. Hall**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number **19-31755**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**Dates Debtor 1 lived there**

**Debtor 2 Prior Address:**

**Dates Debtor 2 lived there**

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**For last calendar year:**  
**(January 1 to December 31, 2018 )**

**Debtor 1**

**Sources of income**  
 Check all that apply.

**Gross income**  
 (before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips  
☒ Operating a business

**\$3,613.00**

**Debtor 2**

**Sources of income**  
 Check all that apply.

**Gross income**  
 (before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips  
☒ Operating a business

**\$0.00**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$0.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<b>Social Security Disability</b>	<b>\$19,200.00</b>	<b>Social Security Disability</b>	<b>\$10,992.00</b>

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Chesterfield County - PP Taxes Carey A. Adams, Treasurer PO Box 70 Chesterfield, VA 23832</b>	<b>February 2019</b>	<b>\$900.00</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>Credit Acceptance</b>	<b>\$151/month</b>	<b>\$453.00</b>	<b>\$0.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__
<b>Charlie Falk's Auto</b> <b>3237 Virginia Beach Boulevard</b> <b>Virginia Beach, VA 23452</b>	<b>\$130/ Biweekly x 3 months</b>	<b>\$845.00</b>	<b>\$2,800.00</b>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other__

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>VSU Multi-Purpose Center v. Pink Transportation</b> <b>GV19005929-00</b>	<b>Warrant in Debt</b>	<b>Chesterfield General District</b> <b>Civil Division</b> <b>PO Box 144</b> <b>Chesterfield, VA 23832</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <b>Pending hearing on April 1, 2019</b>
<b>Sheila Green-Hall v. Cynthia Caldwell</b> <b>GV1805088-00</b>	<b>Unlawful Detainer</b>	<b>Chesterfield General District</b> <b>Civil Division</b> <b>PO Box 144</b> <b>Chesterfield, VA 23832</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded  <b>Not found/unserved</b>

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☐ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
North Law Bar# 29672 5913 Harbour Park Drive Midlothian, VA 23112 www.pianorth.com	\$1,100 = \$430 costs + \$670 applied to atty fee Total: \$430 = USB Filing fee \$310// Abacus Credit Counseling \$25/ Debtor Education \$15/ CIN Credit Report \$80	March 2019	\$1,100.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Junkyard	2005 Chevrolet Trailblazer; needed a new transmission		September 2018
None			
Junkyard	2003 Kia Sedona; vehicle needed a new engine		2017
None			
Junkyard	2002 Chevrolet Venture		2016
None			
Former Mechanic	2003 Nissan Xterra inoperable	\$500	2017
None			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------



Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☒ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Wells Fargo	Sheila & Lewis	Empty	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9:** Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10:** Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
VA N Motion LLC	Transportation	EIN:  From-To 2013 - current
It's a Pleasure Serving You, LLC	Food Service  Michael	EIN:  From-To 2017 - current
Business Opportunities for the Blind	This is a business like Mary Kay, Debtor is a contractor for this business, but does not own it.	EIN:  From-To 1987- current

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name  
Address

(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Lewis G. Hall

**Lewis G. Hall**

Signature of Debtor 1

/s/ Sheila G. Hall

**Sheila G. Hall**

Signature of Debtor 2

Date March 28, 2019

Date March 28, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Document Page 60 of 70  
**United States Bankruptcy Court**  
**Eastern District of Virginia**

In re **Lewis G. Hall**  
**Sheila G. Hall**

Debtor(s)

Case No. **19-31755**  
Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**  
**IN A CHAPTER 13 CASE**  
**(for use in the Richmond Division only)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>5,369.00</b>
Prior to the filing of this statement I have received .....	\$	<b>670.00</b>
Balance Due .....	\$	<b>4,699.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).

6. I am electing to request compensation and reimbursement of expenses in this case:

a. ☒ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).

b. ☐ By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

Document Page 61 of 70  
**CERTIFICATION**

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 28, 2019**

*Date*

**/s/ Pia J. North**

**Pia J. North 29672**

*Signature of Attorney*

**North Law Bar# 29672**

*Name of Law Firm*

**5913 Harbour Park Drive**

**Midlothian, VA 23112**

**(804) 739-3700 Fax: (804) 739-2550**

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED  
STATES TRUSTEE  
PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND  
CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

**PROOF OF SERVICE**

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

**March 28, 2019**

*Date*

**/s/ Pia J. North**

**Pia J. North 29672**

*Signature of Attorney*

Fill in this information to identify your case:

Debtor 1 Lewis G. Hall

Debtor 2 Sheila G. Hall  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 19-31755  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

☐ **Not married.** Fill out Column A, lines 2-11.

☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse												
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <u>2,619.92</u>	\$ <u>1,746.33</u>												
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>												
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>												
5. <b>Net income from operating a business, profession, or farm</b>	<table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>21,726.31</u></td> <td>\$ <u>7,972.61</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>-\$ <u>19,111.37</u></td> <td>-\$ <u>9,396.59</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ <u>2,614.95</u></td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ <u>21,726.31</u>	\$ <u>7,972.61</u>	Ordinary and necessary operating expenses	-\$ <u>19,111.37</u>	-\$ <u>9,396.59</u>	Net monthly income from a business, profession, or farm	\$ <u>2,614.95</u>	\$ <u>0.00</u>	Copy here -> \$ <u>2,614.95</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	\$ <u>21,726.31</u>	\$ <u>7,972.61</u>												
Ordinary and necessary operating expenses	-\$ <u>19,111.37</u>	-\$ <u>9,396.59</u>												
Net monthly income from a business, profession, or farm	\$ <u>2,614.95</u>	\$ <u>0.00</u>												
6. <b>Net income from rental and other real property</b>	<table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>-\$ <u>0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>		Debtor 1	Gross receipts (before all deductions)	\$ <u>0.00</u>	Ordinary and necessary operating expenses	-\$ <u>0.00</u>	Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>				
	Debtor 1													
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Ordinary and necessary operating expenses	-\$ <u>0.00</u>													
Net monthly income from rental or other real property	\$ <u>0.00</u>													

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. <b>Interest, dividends, and royalties</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
8. <b>Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>5,234.87</b>	+ \$ <b>1,746.33</b> = \$ <b>6,981.20</b>
		Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ **6,981.20**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$ .....
.....	\$ .....
.....	+ \$ .....
Total .....	\$ <b>0.00</b>

Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **6,981.20**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **6,981.20**

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. ..... \$ **83,774.40**

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. VA
- 16b. Fill in the number of people in your household. 4
- 16c. Fill in the median family income for your state and size of household. \$ 105,261.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 6,981.20
19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.
- 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00
- 19b. Subtract line 19a from line 18. \$ 6,981.20
20. Calculate your current monthly income for the year. Follow these steps:
- 20a. Copy line 19b \$ 6,981.20  
Multiply by 12 (the number of months in a year). x 12
- 20b. The result is your current monthly income for the year for this part of the form \$ 83,774.40
- 20c. Copy the median family income for your state and size of household from line 16c \$ 105,261.00
21. How do the lines compare?
- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Lewis G. Hall**

**Lewis G. Hall**  
Signature of Debtor 1

Date **March 28, 2019**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Sheila G. Hall**

**Sheila G. Hall**  
Signature of Debtor 2

Date **March 28, 2019**  
MM / DD / YYYY



Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period **10/01/2018** to **03/31/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **It's a Pleasure Waiting on You, LLC**

Income by Month:

6 Months Ago:	<b>10/2018</b>	<b>\$3,658.53</b>
5 Months Ago:	<b>11/2018</b>	<b>\$2,686.36</b>
4 Months Ago:	<b>12/2018</b>	<b>\$2,932.82</b>
3 Months Ago:	<b>01/2019</b>	<b>\$2,251.86</b>
2 Months Ago:	<b>02/2019</b>	<b>\$2,760.12</b>
Last Month:	<b>03/2019</b>	<b>\$1,429.84</b>
Average per month:		<b>\$2,619.92</b>

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **It's A Pleasure Waiting on You, LLC**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>10/2018</b>	<b>\$27,839.92</b>	<b>\$24,181.39</b>	<b>\$3,658.53</b>
5 Months Ago:	<b>11/2018</b>	<b>\$22,116.00</b>	<b>\$19,429.64</b>	<b>\$2,686.36</b>
4 Months Ago:	<b>12/2018</b>	<b>\$13,114.82</b>	<b>\$10,212.00</b>	<b>\$2,902.82</b>
3 Months Ago:	<b>01/2019</b>	<b>\$23,250.14</b>	<b>\$20,998.14</b>	<b>\$2,252.00</b>
2 Months Ago:	<b>02/2019</b>	<b>\$20,897.00</b>	<b>\$18,136.88</b>	<b>\$2,760.12</b>
Last Month:	<b>03/2019</b>	<b>\$23,139.99</b>	<b>\$21,710.15</b>	<b>\$1,429.84</b>
Average per month:		<b>\$21,726.31</b>	<b>\$19,111.37</b>	
Average Monthly NET Income:				<b>\$2,614.95</b>

Debtor 1 **Lewis G. Hall**  
Debtor 2 **Sheila G. Hall**

Case number (if known) **19-31755**

## Current Monthly Income Details for the Debtor's Spouse

### Spouse Income Details:

Income for the Period **10/01/2018** to **03/31/2019**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **VA N Motion**

Income by Month:

6 Months Ago:	<b>10/2018</b>	<b>\$1,459.00</b>
5 Months Ago:	<b>11/2018</b>	<b>\$1,452.00</b>
4 Months Ago:	<b>12/2018</b>	<b>\$1,169.00</b>
3 Months Ago:	<b>01/2019</b>	<b>\$1,682.00</b>
2 Months Ago:	<b>02/2019</b>	<b>\$2,118.00</b>
Last Month:	<b>03/2019</b>	<b>\$2,598.00</b>
Average per month:		<b>\$1,746.33</b>

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **VA N Motion**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>10/2018</b>	<b>\$12,186.00</b>	<b>\$11,663.85</b>	<b>\$522.15</b>
5 Months Ago:	<b>11/2018</b>	<b>\$6,018.70</b>	<b>\$10,603.54</b>	<b>\$-4,584.84</b>
4 Months Ago:	<b>12/2018</b>	<b>\$6,895.21</b>	<b>\$9,136.53</b>	<b>\$-2,241.32</b>
3 Months Ago:	<b>01/2019</b>	<b>\$6,037.81</b>	<b>\$8,262.34</b>	<b>\$-2,224.53</b>
2 Months Ago:	<b>02/2019</b>	<b>\$5,908.87</b>	<b>\$8,508.06</b>	<b>\$-2,599.19</b>
Last Month:	<b>03/2019</b>	<b>\$10,789.09</b>	<b>\$8,205.19</b>	<b>\$2,583.90</b>
Average per month:		<b>\$7,972.61</b>	<b>\$9,396.59</b>	

Average Monthly NET Income: **\$-1,423.97**

Certegy Check Services, Inc. 11601 Roosevelt Blvd. Saint Petersburg, FL 33716	Bon Secours P. O. Box 28538 Henrico, VA 23228	Charlie Falk's Auto Inc. Cleveland D. Turner, Reg Agent 1366 SO Military Hwy Chesapeake, VA 23320
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ChexSystems Attn: Consumer Relations 7805 Hudson Rd., Suite 100 Saint Paul, MN 55125	Bon Secours P.O. Box 28538 Richmond, VA 23228	Chesterfield County - PP Taxes Carey A. Adams, Treasurer PO Box 70 Chesterfield, VA 23832
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Experian Dispute Department P.O. Box 4500 Allen, TX 75013	Brock & Scott PLLC 484 Viking Drive Ste 203 Virginia Beach, VA 23452	Cigna P.O. Box 30028 Tampa, FL 33630
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Equifax Information Services PO Box 740241 Atlanta, GA 30374	Buford Road Imaging LLC 2612 Buford Rd Richmond, VA 23235	CJW Medical Center P.O. Box 740760 Cincinnati, OH 45274
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TransUnion Consumer Relations 2 Baldwin Place PO Box 1000 Chester, PA 19022	Capital One Po Box 30281 Salt Lake City, UT 84130	CJW Medical Center P.O. Box 13620 Richmond, VA 23225
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Weimark Credit Information PO Box 994 Brick, NJ 08723	Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	CJW Medical Center PO Box 13620 Richmond, VA 23225
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Aaron's Inc. 2800 Canton Road; Suite #900 Marietta, GA 30066	Cardiology Assoc of Richmond PO Box 740776 Cincinnati, OH 45274	Clinical Colleagues Inc PO Box 824246 Philadelphia, PA 19182
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American Homepatient P.O. Box 5316773 Atlanta, GA 30353	Cascade Capital LLC 1670 Corporate Circle Ste 202 Petaluma, CA 94954	Colonial Heights Physicians PO Box 14099 Belfast, ME 04915
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Avante 3600 South Gessner Houston, TX 77063	Caudle & Caudle. PC 3123 W Broad Street Richmond, VA 23230	Colonial Kidneycare 3601 Boulevard C Colonial Heights, VA 23834
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Commonwealth Laboratory  
PO Box 5468  
Martinsville, VA 24115

Easy Pay/Duvera Collections  
2701 Loker Av West  
Carlsbad, CA 92008

Humana Choice Care Network  
P.O. Box 99767  
Chicago, IL 60696

Commonwealth of VA-Tax  
P.O. Box 2156  
Richmond, VA 23218-2156

Easy Pay/Duvera Collections  
Attention: Bankruptcy  
Po Box 2549  
Carlsbad, CA 92018

I C System Inc  
Attn: Bankruptcy  
Po Box 64378  
St Paul, MN 55164

County of Chesterfield R.E.  
Post Office Box 70  
Chesterfield, VA 23832

Eck Enterprises, Inc.  
1401 W. Main Street  
Richmond, VA 23220

IC System  
PO Box 64437  
Saint Paul, MN 55164

Credit Acceptance  
Po Box 513  
Southfield, MI 48037

Elizabeth River Tunnels  
700 Port Centre Pkwy  
Ste 2B  
Portsmouth, VA 23704

IC System  
Po Box 64378  
Saint Paul, MN 55164

Credit Acceptance  
25505 West 12 Mile Rd  
Suite 3000  
Southfield, MI 48034

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104

Internal Revenue Service  
Centralized Insolvency Unit  
P O Box 7346  
Philadelphia, PA 19101-7346

Credit Adjustment Board  
8002 Discovery Drive  
#311  
Henrico, VA 23229

First Premier Bank  
Attn: Bankruptcy  
Po Box 5524  
Sioux Falls, SD 57117

James River Emergency Group  
PO Box 660827  
Dallas, TX 75266

Credit One Bank  
Po Box 98875  
Las Vegas, NV 89193

First Virginia  
7001 Post Rd Ste 300  
Dublin, OH 43016

John Randolph Medical Center  
P. O. Box 538658  
Atlanta, GA 30353

Credit One Bank  
Attn: Bankruptcy Department  
Po Box 98873  
Las Vegas, NV 89193

First Virginia  
6785 Bobcat Way  
Ste 200  
Dublin, OH 43016

Jormandy LLC; Assignee of  
Washington Mutual Inc.  
6363 Center Dr. Bldg. Ste 203  
Norfolk, VA 23502

Drs Stenger, Cole & Gupta  
7017 Old Jahnke Rd  
Richmond, VA 23225

First Virginia Financial Servi  
3219 Crater Rd.  
Suite C  
Petersburg, VA 23805

Lab Corp  
P.O. Box 2240  
Burlington, NC 27216

Lincare Inc. P.O. Box 105760 Atlanta, GA 30348	PHG Chippenham PO Box 668 Brentwood, TN 37024	River View on the Appomattox 201 Eppes St Hopewell, VA 23860
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Linebarger Goggan Blair & Samp 309 County Street Suite 201 Portsmouth, VA 23704	Premier Healthcare Associates 7702 E. Parham Rd. Ste 101 Richmond, VA 23294	Social Security Administration 1200 Rev. Abraham Woods Jr. Boulevard Birmingham, AL 35285
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Mccarthy Burgess & Wol 26000 Cannon Rd Cleveland, OH 44146	Professional Account Services PO Box 188 Brentwood, TN 37024	Southside Physician Network PO Box 14000 Belfast, ME 04915
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Medicredit PO Box 1629 Maryland Heights, MO 63043	Pulmonary & Critical Care Asso PO Bxo 11768 Richmond, VA 23230	Southside Regional Med Center Attention: Bankruptcy Dept. PO Box 501128 Saint Louis, MO 63150
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Midwest Recovery Systems 514 Earth City Plaza Earth City, MO 63045	Pulmonary Assoc of Richmond PO Box 1870 Cary, NC 27512	St Francis ER PO Box 404893 Atlanta, GA 30384
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Nicole S. Lang White 6363 Center Drive Bldg 6 Suite 203 Norfolk, VA 23502	Pulmonary Associates of RIC P.O. Box 102594 Atlanta, GA 30368	St Francis Medical Center P.O. Box 404893 Atlanta, GA 30384
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NPAS PO Box 99400 Louisville, KY 40269	Radiology Ass. of Richmond, In P.O. Box 13343 Richmond, VA 23225	Thalhimer Brothers 700 E. Godfrey Ave. Philadelphia, PA 19124
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NPAS Inc. PO Box 99400 Louisville, KY 40269	Radiology Assc of Richmond 2602 Buford Road Richmond, VA 23235	Tricities Emergency Center 1700 Temple Pkwy Prince George, VA 23875
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Ocwen Loan Servicing Po Box 24646 West Palm Beach, FL 33416	Radiology Assoc of Richmond 2602 Buford Road Richmond, VA 23235	Union Bank & Trust PO Box 940 Ruther Glen, VA 22546
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Verizon Wireless  
National Recovery Operations  
Minneapolis, MN 55426

Verizon Wireless  
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500 Technology Dr, Ste 550  
Weldon Spring, MO 63304

Virginia Group Services, LLC  
P.O. Box 14099  
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VSU Multi-Purpose Center  
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Wakefield & Associates  
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Westcreek Fi  
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Westcreek Fi  
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